

***I don't have this huge backlog of good feeling for her:* Role-relational trajectories in interview accounts of caring for a relative with dementia**

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Abstract

Caring for a family member with dementia involves multifaceted relational issues linked to the construction of caregiving as an emotional, symbolic and morally sanctionable practice inscribed in kin relations and dominant femininity (Paoletti 2007). As the disease disrupts taken-for-granted expectations for a person with dementia and the entire family, this qualitatively new situation necessitates the (re)negotiation of kin roles and responsibilities (Peel 2017; Purves 2011). By applying conversation analysis and membership categorization analysis to an audio-taped open-ended interview with an American female caregiver, this paper investigates in-depth how she discursively navigates complex familial role-relational trajectories while assisting her mother with dementia. The study examines the situatedness of role vis-à-vis self-other relations with assumptions about categories within the membership categorization devices ‘family’ and ‘gender’ being critical to this process. It documents how the participant contextualizes care experience not only in the standardized relational pair ‘daughter-mother’ but brings into focus a broader constellation of historical, contemporaneous or hypothetical aspects of kinship ties (e.g., with her parents, siblings or children), each of which invokes distinct expectations, responsibilities and loyalties which sometimes competing with other relations. The study thus exposes certain commonsense propositions concerning normative family role-relationships which function as powerful benchmarks for making life choices, interpreting one’s experiences, and morally evaluating oneself and others while providing care to kin with dementia.

Keywords: role-relationships, dementia caregiving, family, gender, membership categorization analysis,

1. Introduction

Caring for dependent kin with dementia involves multifaceted relational issues linked to the construction of caregiving as “a very symbolically, mor-

ally, emotionally loaded task” (Paoletti 2007: 2). In broad social context, family is considered “the culturally privileged site of intimate caring” (Kitzinger 2005: 490). In her seminal lecture, Elaine Brody (1985) observes that “*long-term parent care* has become a normative experience – expectable, though usually unexpected” (Brody 1985: 21). Over thirty years later, what still resonates today is the clash between the expectable and the unexpected. That is, in many families, spouses or adult children are thought to assume the caring responsibility at some point in their lives. But when this (usually progressive) role-transition occurs, they may not feel prepared for it. However, in a familial milieu, an eldercare obligation is unequally distributed along gender lines. Numerically, about two-thirds of dementia caregivers are women (Alzheimer’s Association 2019: 31). Also, in popular perception, caring has become for women “the defining characteristic of their self-identity and their life’s work” (Graham 1983: 18). Nevertheless, “[t]he culture of caring, disguised as *natural* virtue and duty, is a form of oppression for women because it is non-optional, unrecognized, unrewarded labor that limits women’s choices and opportunities and restricts self-exploration and self-determination” (Scheyett 1990: 34). Not assuming this obligation can incur social cost (Mullany 2007) and question one’s morality.

The experience of dementia can be conceptualized as a ‘critical situation’ (Giddens 1991) which brings chaos to the life of a person with the disease and his/her relatives by breaching their sense of self, stability and biographical continuity. As Karner and Bobbitt-Zeher (2005: 553) explicate, the familial basis of caring means that the activity takes place in the context of pre-dementia kinship relations and attendant expectations that are disrupted by the disease and jeopardize the caregiver’s relational self. As cognitive decline gradually erodes the known image of the person with the disease, family caregivers experience confusion regarding whether their loved ones still exist, which causes emotional distress and turmoil (Dupuis et al. 2004: 22). This phenomenon has been theorized as *ambiguous loss* (Boss 2010, see 1999; Dupuis 2002) and refers to a relational disorder where a person is physically present but is perceived by others as psychologically absent.¹ This gives rise to ‘boundary ambiguity’, that is, “a state in which family members are uncertain about who is in or out of the family and who is performing what roles and tasks within the family system” (Boss and Greenberg 1984:

¹ The other type of ambiguous loss refers to a situation where a person is physically absent but perceived as psychologically present as in the case of lost, kidnapped or disappeared individuals (Boss 2010).

536). While it cannot be denied that families feel loss, increasingly normalized discourse of loss can have a marginalizing and stigmatizing effect on people with the disease (cf. Riggs and Peel 2016: 135).^{2 3} Nevertheless, what such accounts highlight are disrupted cultural expectations about what family members should be like and what forms of personhood are valued (cf. Riggs and Peel 2016: 137).⁴

The disruption caused by dementia necessitates attempts at (re)negotiating roles and responsibilities (Karner and Bobbitt-Zeher 2005; Peel 2017; Purves 2011), often in the entire family unit, in order to live a more fulfilling life. The complexity of this relational terrain is poignantly described by Cary Smith Henderson, a man with early onset dementia:

One of the things about this is—it's in the family and the family has not only me and my wife, but we have our children and the children have their spouses. In other words, this whole thing about Alzheimer's is not just about two people; it's a whole mess of people. (Henderson and Andrews 1998: 65)

Henderson eloquently reminds us that the condition affects the whole family and destabilizes, what Brody (1985: 22) terms, 'family homeostasis'. This also includes people with the disease for whom relinquishing old roles and adjusting to new ones can be equally challenging and often triggers resistance when maintaining pre-dementia identities and independence. They can also experience 'grateful guilt' (Ward-Griffin et al. 2006), that is, a combination of gratitude to relatives for looking after them and a feeling of being a burden to them. A diagnosis of dementia often results in interpersonal conflicts and trials within kin relationships (Davis and Nolan 2008: 439). While support from spouses or other relatives can relieve a sense of burden (e.g. Zarit et al. 1980), homecare can also add to intra-family tension resulting from other kin's conflicting perceptions and expectations concerning care and its outcomes (Gwyther 1998: 19S; also Dupuis et al. 2004: 24). Caregiv-

² There has been a mounting body of research documenting identity and personhood maintenance (e.g., Kitwood 1997; Sabat and Harré 1992; Shenk 2005) or retained linguistic competencies (e.g., Davis and Guendouzi 2013) of people with dementia while stressing the importance of their social milieu in these aspects.

³ I owe this reference to an anonymous reviewer.

⁴ Riggs and Peel (2016) make this observation in discussing a sense of 'loss' in parental experiences of caring for transgender children, yet I believe this quote resonates well with caring for close relatives with dementia.

ers experience interrole conflicts arising from balancing the demands of the caregiving role and their other social roles (Stephens et al. 2001: P: 24). For example, the term ‘women in the middle’ (Brody 1981) refers to middle-aged female caregivers who find themselves in the middle of their competing role-demands as workers, family caregivers, wives, mothers, grandmothers and homemakers.

Given the inseparability of care provision from “people’s experiences of each other in the past, present, or even the anticipated future” (Ward-Griffin et al. 2007: 13), and the widely-acknowledged importance of cultural expectations in making sense of one’s disrupted kinship ties (e.g., Karner and Bobbitt-Zeher 2005; Riggs and Peel 2016), it is crucial to understand the discursive construction and negotiation of complex multiple roles-relationships within a disease-affected family unit while tracking the emergence of commonsense knowledge about the construct of ‘family’. In this paper, knowledge of kinship roles is subject to a qualitative discourse analysis informed by the methods and insights of membership categorization analysis (MCA) and conversation analysis (CA). This methodological framework applied to the ethnomethodologically respecified concept of ‘role’ is able to uncover the emergent interactional relevance and situated meanings of established kinship role-categories in dementia. This paper reports on a case study based on an interview with a caregiving daughter. It scrutinizes narratives recounted by her in interaction with the researcher in order to unpack the dynamics of role-relational work and mundane reasoning in her conscious reflections on providing care to the mother with dementia. The following research questions will be explored:

1. How are the membership categorization devices ‘family’ and ‘gender’ invoked in the interview?
2. What family role-relationships are made relevant in the interviewee’s accounts of dementia family caregiving? How is this accomplished?
3. What category-bound activities and predicates are used to describe roles and relationships in the family, and how?
4. Are these role-relationships morally assessed, and if so then, how?

The analysis that follows is not meant to be taken as a case study of idiosyncratic features. Rather, a broader kinship constellation is a concern which prominently features in my other interviews, although an unambiguously troubled pre-dementia relationship with the mother, which is the case of the

interview analyzed here, is unprecedented in the data corpus. The current analysis thus builds on and points to general reasoning practices and devices at work in the sequential management of dementia-affected relational trajectories in the interview interaction.

Drawing on a single interview is particularly relevant for the current study. It has been assumed that the benefit of a qualitative scrutiny of a single case lies in providing a thick description of the situatedness of what is constructed, that is, in working out in detail “the logic of the relationship between the individual and the situation” (Kvale 1996: 103). A focus on a single participant’s lived experience yields insights into relational dynamics in the family as an independent unit. Recognition of their complexities, intricacies and contradictions invites the consideration of how a family caregiver negotiates and makes sense of the changing circumstances, which could be obscured if the study discussed findings across multiple participants. This also helps to illuminate a more active notion of role-relationships and to examine how different meanings of the same relationship categories are mobilized and embedded in the flow of narration. Moreover, a sensitivity to the fine details of talk offered by a ‘single case analysis’ (Hutchby and Wooffitt 1998) makes it possible to reveal “the often subtle and complex inferential work that can be accomplished by single utterances or parts of utterances” (1998: 121). Finally, as Schegloff (1988) remarks, as single interactional events are “the locus of social order”, a single occurrence “brings with it ‘internal’ evidentiary resources that warrant its being taken seriously indeed” (1988: 442). It can thus be a starting point for future research, in particular for less examined topics to unravel how a phenomenon under investigation operates in interaction. The current study thus seeks to illuminate intersecting past, present or future aspects of the caregiver’s multiple kin role-relationships and the attendant moral issues which need to be managed as an integral part of assisting a dementia relative. While specific findings can be unique to one caregiver, the role-relational perspective and the applied tools of CA and MCA raise possible new interpretations which warrant further scrutiny.

2. Roles, role-relationships and family

In sociology, ‘role’ has been conventionally theorized as “a structurally generated social script” (Housley and Fitzgerald 2002: 77), comprising “fixed

sets of expectations and responsibilities associated with particular social positions [statuses], for example, occupation, class, gender or family” (Hall et al. 1999: 293; see Linton 1936; Merton 1957). By conforming to their respective role-expectations, which encapsulate social norms, individuals have been thought to become linked to social structure, thereby guaranteeing its stability and effectiveness. This understanding of the role concept has been widely criticized for determinism, reification of certain conservative ideologies (Connell 1978), inattention to human agency, including subjective experiences of being in the role, resistance to and adaptive strategies in role performance (Jackson 1998), as well as omission of the interactional and dialogic nature of role negotiation (Hall et al. 1999: 293; also Goffman 1959; Hilbert 1981; Turner 2009 [1962]).

The current study is informed by the ethnomethodological respecification of role as an ‘interactional device’ (Halkowski 1990) which people use to make sense of and accomplish actions in interaction. This involves abandoning theorizing about roles in favour of treating them as “a topic of study. Doing so will help illuminate how interactants organize the social world by their use of these concepts and actions” (Halkowski 1990: 565). As Hilbert (1981) explicates:

Our recommendation is to view 'role' as an organising concept used on occasion by actors in social settings, and to view its utility for actors in terms of what they can do with it; i.e. the work they require it to do, in sustaining the perceived stability of social behaviour, whatever their immediate purposes. Viewed this way, roles are not behavioural matrices to be described and explained but are conceptual resources actors use to clear up confusion, sanction troublemakers, instruct others in the ways of the world, and so forth. (Hilbert 1981: 216f)

In line with Garfinkel’s (1967) documentary method of interpretation, which forwards that culture and its contexed particulars are reflexively manifested and reinforced, role can be construed as “a method for accounting for underlying patterns, pointing to regularities and interactionally establishing, negotiating and achieving a locally produced sense of social order” (Housley 1999: 1.4). Since roles understood as *members’* phenomena are used and designed in action-oriented environments in the course of social encounters, they cannot be *logically* prescribed or predicted beforehand. The question of who projects on themselves what role, with whom, when and why can be answered only upon empirical investigation (Hilbert 1981: 221). There is

neither realist nor essentialist connection between people, roles they perform and what these roles involve.

The situated character of role as a discursive accomplishment can be operationalized with the methods of CA (Pomerantz and Rintel 2004) and MCA (e.g. Halkowski 1990, Housley 1999, Weitzman 2008). Roles can be unpicked as occasioned forms of membership categories, such that people perform roles if they regard themselves as incumbents of particular membership categories with their *in situ* associated or implied predicates. The interpretative rigour of CA and MCA grounded in micro-level observations of language use makes transparent the emergent and collaboratively negotiable nature of roles. For example, Pomerantz and Rintel (2004: 23) demonstrate how casting oneself and/or the other in a particular role is not stable over the course of the encounter, but is sequentially contingent on ratification or contestation by a co-interactant.

In as much as roles are intersubjective achievements and become socially meaningful in the context of other available roles and social actors (cf. Bucholtz and Hall (2005: 598) on the principle of relationality), Pomerantz and Mandelbaum (2005: 150) aptly observe that sometimes a clear-cut distinction between categories associated with roles and those associated with relationships cannot be easily made, in that complementary pairs of categories (e.g. mother-daughter, wife-husband, friend-friend or doctor-patient) can reference roles, a relationship or both; they see “the categories as intertwined” (2005: 150). It is hence possible to talk about role categories, relationship categories or role-relationship categories. By bringing out role-relationship categories, people tap into known-in-common inferences about rights, responsibilities, motives and competences considered locally (in)appropriate for members of a specific relationship category (e.g. mothers or children) (Pomerantz and Mandelbaum 2005: 150).

This discursive take on role-relationships forwards that “family is not so much a concrete set of social ties and bonds as a way of attaching meaning to interpersonal relations. Like other objects, family is a project that is realized through discourse” (Gubrium and Holstein 1993: 655). Holstein and Gubrium (1999: 4) forward that, in as much as family relationships are “constantly under construction”, they are not objectively meaningful but derive their context-bound characteristics in the course of interpretative practice. This constructionist stance advocates an empirical focus on social practices through which people in everyday life “produce and organize ‘family’ as a meaningful designation for social relations” (1999: 4).

The context of dementia family caregiving routinely involves a role-relational dimension which, as Sarangi (2012) explains, brings to the fore “a dynamic notion of role vis-à-vis self-other relations” (2012: 295). This perspective recognizes that a diagnosis of dementia precipitates new family dynamics where a family member takes on other-oriented caregiving responsibilities: “what people think they ought to do depends largely on how they see their roles, and (most importantly) the conflicts between the roles” (Emmett 1966: 15, as cited in Sarangi 2012: 299). This qualitatively new situation reconfigures the hitherto taken-for-granted kin role-relationship between members of the caregiving dyad (i.e. caregiver and care-recipient). For a caregiver, part and parcel of experiencing a relative’s dementia is also the (re)negotiation of a broader constellation of family ties, e.g. with one’s siblings, spouse and children, each of which invoke distinct, sometimes conflicting or ambiguous, expectations, loyalties and responsibilities which affect the caregiver’s courses of action, sense of relational self and biographical continuity. The work to be reported here relies on CA’s sequential sensitivity and MCA’s focus on non-recognitional person references (e.g., mother or daughter) and the attached inferences to explore the situated character of role, and considers the various methods through which ‘family’ is ongoingly constructed and locally managed in the context of recorded interviews. In particular, it seeks to lay bear the cultural and moral practices which underpin intricate role-relational trajectories in dementia.

3. Methods and methodology

CA and MCA are two ethnomethodological approaches to the study of interactional and textual practices (Stokoe 2012b: 277). By adopting participants’ perspective, CA- and MCA-informed studies have demonstrated that the gendering of caring responsibility and its boundedness to the category of family is not only a social construct but a practical concern in social interaction (e.g. Kitzinger 2005; Paoletti 2001, 2002; Stokoe 2003). CA is a fine-grained empirical approach to how social interaction works. It systematically examines “how participants understand and respond to one another in their turns at talk, with a central focus being on how sequences of actions are generated” (Hutchby and Wooffitt 1998: 14). CA’s focus does not go beyond the narrow confines of interaction, and falls on “robust structural patterns in

turn-taking, repair, sequence organization and action formation” (Stokoe 2012b: 278).

MCA examines how social actors go about categorizing themselves and others, and negotiate social identities, realities, relationships and moral activities (Jayyusi 1984). Its focus on the situated and reflexive use of categories “provides detailed accounts of members’ methodical practices in describing the world, and displaying their understanding of the world and of the commonsense routine workings of society” (Fitzgerald et. al 2009: 47), that is ‘culture-in-action’ (Hester and Eglin 1997). According to Stokoe (2012b), “the appeal (and danger) of MCA is to try to *unpack* what is apparently unsaid by members and produce an analysis of their subtle categorization work” (2012b: 282). In such cases, the MCA analyst thus “necessarily draws on extracontextual interpretative resources to explicate the sense making orientations of the participants” (Evaldsson 2007: 383; see Stokoe and Smithson 2001). MCA is based on the notion that categories form collections, membership categorization devices (MCD), such that, according to certain rules of application, the category ‘mother’ and ‘baby’ can belong to the MCD ‘family’ (Sacks 1992 vol. 1). Additionally, categories are ‘inference-rich’ in that they store a great deal of culturally rich commonsense knowledge (Sacks 1992 vol.1: 40-41). Their meaning is not however established pre-discursively. Each category locally connects in social interaction to activities (category-bound activities) and characteristics or traits (natural predicates) which are conventionally performed or possessed by incumbents of this category. Importantly, the stocks of commonsense knowledge imbricated in membership categories function as a moral and normative frame of reference for interpreting people’s behaviour (Housley and Fitzgerald 2002; Jayyusi 1984). Thus, if members fail to engage in activities normatively associated with their categories, this disjunction can trigger reprehension about the ‘absent’ activities (Stokoe 2012b: 281). Important for the current paper is the concept of standardized relational pair (SRP) which denotes pairs of categories (e.g. parent—child or mother—daughter) whose incumbents carry duties and moral obligations towards each other (Stokoe 2012b: 281; also Silverman 1987).⁵ Within this framework, we will observe how various SRPs are deployed to describe kin relations and how various duties, including caregiving, are conversationally attached to them.

⁵ In fact, Sacks (1967) observed that a SRP “constitutes a locus for a set of rights and obligations concerning the activity of giving help” (1967: 203).

With regard to the current research focus as how familial relationships are occasioned, construed and navigated in a research interview, MCA proved useful in two aspects. (1) The question—answer interview format constitutes a fertile arena for constructing accounts (descriptions of people and events) which perfectly lend themselves to MCA. (2) With its focus on participants' orientation to categories and category work (Schegloff 2007a), MCA analysis of interview accounts offers insights into caregivers' situated *understanding* of what dementia caregiving involves and of the family constellation in which they operate, that is their 'reality analysis' (Hester and Francis 1997). By studying how participants describe themselves and others in the context of the disease, we can track the emergence of cultural knowledge about family. MCA helps to expose their mundane reasoning that is, taken-for-granted assumptions and normative expectations about family roles and relations. Not only do these propositions underlie how participants make sense of their phenomenological experiences of illness and caregiving, but also function as powerful benchmarks for making life choices and morally evaluating oneself and others.

4. Interviews as data

The interview as a data collection method has gained its currency across the social sciences. As Holstein and Gubrium (1997) observe, it has been considered a "'naturally occurring' occasion for articulating experience" (1997: 126) and a useful vehicle for unearthing people's interpretative practices in relation to issues which are not causally topical, yet socially relevant. Nevertheless, there has been a general consensus among discourse analysts on the limitations of interview data (Stokoe 2010; e.g., Potter and Hepburn 2005, 2012; Rapley 2001). The major critique rests on the false assumption that language is a representational tool and hence certain pre-existing information (e.g., beliefs, attitudes, knowledge, personal experiences or descriptions of social settings) can be extracted from the respondent (Baker 1997: 130f). Interview interaction is thus analytically ignored and framed as "a persistent set of problems to be controlled" (Holstein and Gubrium 1997: 113).

Informed by constructionism and the 'recent' linguistic turn, the current paper understands interviewing as a researcher-guided form of social interaction (e.g., Baker 1997; Hester and Francis 1994; Potter and Hepburn 2005, 2012), and takes the view of 'interview-data-as-topic' (Seale 1998). Follow-

ing Rapley (2001), this stance necessarily stresses “[the] local context of data production” (2001: 303), and considers “interview data collected [...] as (more or less) reflecting a reality jointly constructed by the interviewee and interviewer” (2001: 304). Postulated here is that, if properties of talk-in-interaction as well as specific roles of all interactants, their relevance and procedural consequentiality, are pivotal in finely co-ordinating intersubjectivity in interaction, the very same features also merit analytic attention in uncovering the joint negotiation of meaning between an interviewer and interviewee. According to Holstein and Gubrium (1997: 114), this means that, in order to understand *what* respondents communicate, researchers need to attend to *how* these data emerge from interviewer-interviewee interaction. Their validity is determined by what is now important to respondents in the interactional here-and-now, what meanings they attribute to past or current events and how they weave together these bits and pieces to “convey situated experiential realities in terms that are locally comprehensible” (1997:117; see Buttny 2012).

A crucial resource to excavate sense-making practices in interviews is, according to Baker (1997), the apparatus of MCA. From this perspective:

1. “Interviewing is understood as an interactional event in which members draw on their cultural knowledge, including their knowledge about how members of categories routinely speak” (Baker 1997: 131);
2. “Questions are a central part of the data and cannot be viewed as neutral invitations to speak—rather they shape how and as a member of which categories the respondents should speak” (Baker 1997: 131);
3. “Interview responses are treated as accounts more than reports—that is, they are understood as the work of accounting by a member of a category for activities attached to that category.” (Baker 1997: 131).

Against the backdrop of MCA, for Baker (1997), the interview constitutes “a site for displaying cultural knowledge” (1997: 135) and “interview accounts are members’ methods for putting together a world that is recognizably familiar, orderly and moral” (1997: 143). The occasioned cultural knowledge thus entails highly dominant views and expected character of social arrangements. In addition to producing a local version of a moral and normative order, respondents also attend to their own appearance as “moral per-

sons, competent members and adequate performers” (Baruch 1981: 276; see also Slembrouck 2011).

The current paper is neither interested in harvesting pre-discursive experiences of dementia family caregiving, nor does it treat people as representatives of social categories which are uniformly salient throughout an interview. Instead, it is concerned with the interview as an interactional accomplishment (Hester and Francis 1994) where stories of roles and relationships are dialogically co-constructed to produce situated accounts of family dynamics in dementia. It is assumed that questions embody commonplace expectations and normative assumptions about dementia-affected familial arrangements as well as the researcher’s socio-scientific agenda, and cast the interviewee into specific (social) categories with certain associated or implied predicates. They prompt the respondent to offer narratives of personal experience relevant to the purpose of the interview. In doing so, the latter mobilizes various cultural meanings to sustain, develop, challenge, resist or recraft the imposed categories (cf. Stokoe 2012a: 233) as part of his/her identity work in the (sequential) context of interaction-in-interview.

5. The study: Data

The analysis investigates interview data which derive from a larger research project which seeks to qualitatively scrutinize role-relational transformation in dementia caregivers’ identity construction. Interviewees were recruited with the help of the New York City Chapter of the Alzheimer’s Association. They thus constitute a service-based population of family members who decided to seek professional help (information, counselling or support services) in coping with their relative’s dementia. Altogether 10 individual interviews with 10 American female caregivers were recorded in late February 2015 at a place of their own choice. Given the context of dementia family caregiving being considered a ‘restricted-research site’ (cf. Sarangi and Roberts 1999) to which access is not easily gained, and due to problems with recruiting participants, the research advertisement adopted an inclusive definition of a ‘family caregiver’ in terms of gender, the care-recipient’s place of residence ((non-)co-residential, including transnational caregivers and caregivers of institutionalized relatives), his/her type or stage of dementia, as well the status of caring as a past or still ongoing experience. The recruited interviewees hence comprise a group of individuals with quite idiosyncratic

caregiving arrangements. The most common caregiving dyad was parent-child ($n=8$), in particular mother-daughter ($n=7$); 2 participants provided care to 2 relatives with dementia. 7 dementia individuals lived at their own home, but only 1 co-resided with her caregiver; others were residents of nursing homes or assisted living facilities. 2 participants were 'distance caregivers' providing care to mothers living across the country.⁶ At the time of the interviews, 3 cared-for relatives were at moderate stage and 3 at late stage of dementia; in the remaining 6 cases, participants were ex-caregivers of their late relatives.

The recorded interviews can be categorized as in-depth open-ended and semi-structured in that the interview schedule and a set of prompts (dementia-related book quotes or publicly accessible statistics) were brought to every meeting but not utilized rigidly. My intention was not to standardize the encounters or test my respondents' knowledge, but to bring up particular topics (the experience of caregiving and its effects, changing family roles and relationships, morality, support from others), and facilitate their practical reasoning on these issues. The interviews were audio-recorded and transcribed verbatim with attention paid to interactional detail, using notation conventions forwarded by Gail Jefferson (2004; see Appendix 1). The collected interviews ranged in length from 50 to 95 minutes, averaging 80 minutes. This amounts to a total of 13 hours and 19 minutes of interview interactions. The confidentiality of the respondents was protected at every stage of the research project (data collection, data transcription and the write-up of research findings).⁷ All identifying information (e.g., names, surnames or locations) was either fictionalized or omitted as much as possible to maximize to participants' anonymity. At the same time, effort was made to maintain the integrity of the gathered material.

The data analyzed in this paper come from a 72-minute-long interview with a middle-aged distance caregiver, Rebecca, who has been a primary caregiver for her Oregon-based parents for the last eight years (since 2007), when the mother suffered a stroke and the father had a road traffic accident. Before that, she provided only occasional long-distance assistance to the disabled father, who died in February 2014. At the time of the interview, her

⁶ According to Edwards (2014: 174), the term 'distance caregiver' denotes an individual living within the range of a two or more hours' drive from the care-recipient.

⁷ The protocol of the research project as well as its ethical approach were reviewed and approved by the Human Research Ethics Committee at Adam Mickiewicz University in Poznań (Poland).

mother is a 90-year-old stroke survivor with aphasia and moderate vascular dementia.⁸ In terms of cognitive decline, her short-term and long-term memory is impaired, which has repercussions on her ability to recognize other family members. Rebecca describes her as very disabled but resistant and temperamental. The mother lives in her own house in Oregon and receives around-the-clock assistance from paid caregivers. The interviewee travels there every two months, or in emergency, usually for week-long stays to oversee the paid caregivers. The interview selected for analysis stands out in the data corpus in that the interviewee continues to orient to the moral accountability of family caregiving despite her turbulent prior relation with the mother. Moreover, being an only daughter, she was delegated caregiving responsibility, despite the geographical distance and professional commitments which could relieve her of this obligation in favour of the Oregon-based brothers.

6. Data analysis

The analysis to follow presents Rebecca's role-relational issues in the order they were discussed in the interview. First, it considers the caregiver's categorization of her bond with the mother. Second, it demonstrates how the experience of caregiving and the attendant relation with the mother brings into equation a more complex set of kinship ties. The SRP mother-daughter is activated by the stated purpose of the interview, that is, to elicit narratives of changing family relations in dementia, and questions which categorize the participant as a daughter. Accounts of other role-relationships are volunteered by Rebecca.

6.1. Mother-daughter relationship

Fragment 1 presents Rebecca's understanding of her relationship with the mother with dementia. Prior to it, the interviewee offered an account of the

⁸ Vascular dementia refers to "a decline in thinking cells caused by conditions that block blood from to the brain and deprive brain cells of oxygen and other nutrients" (Alzheimer's Association, undated). Its symptoms become best observable after stroke and include memory loss similar to Alzheimer's disease, disorientation, vision loss, confusion, trouble speaking and understanding speech.

care-recipient's cognitive decline. The category-resonant description *she does remember who ↑I am* (line 1) makes indirectly available the SRP mother-daughter nested in the MCD 'family'. Since the activity 'remembering who the other person is' can be considered an outcome of membership in role-relationship categories, the pronouns 'she' and 'I' acquire family-saturated meanings in the context of their production, and invoke categories 'mother' and 'daughter'. The MCD 'family' is more directly sustained between lines 2-7 where the interviewee problematizes the continuity of the bond by stating the mother's memory problems, *occasionally she does say (.) who is your ↑mother or she is not quite sure how I'm related >to her sometimes<*. At line 8, the interviewer picks up on this mentionable and topicalizes the issue of how Rebecca makes sense of her qualitatively new kin relationship in dementia.

(1) 'I don't have this huge backlog of good feeling for her or cosy relationship'⁹

- 01 R: I mean she just can't remember anything. (.) she does remember who ↑I am
 02 though (.) occasionally she does say (.) who is your ↑mother heh[heh]heh=
 03 I: [okay]
 04 R: =so she is not quite sure how I'm related >to her sometimes< but (.) she does
 05 know who I am, and she wants me to be there, and she likes me and she likes
 06 talking to me >on the phone<, and um (.) she is not quite sure how we are
 07 related, heh heh=
 08 I: =okay, so um how do you make sense of this (.) new ↑relationship
 09 (1.8)
 10 R: um, well (1.0) I just (.) you know but it's a peculiar relationship because I
 11 didn't (.) really, (.) >my mother wasn't a very< motherly person when I was
 12 growing up? and so [I]
 13 I: [↑w]asn't=
 14 R: =she was no:t.
 15 I: okay
 16 R: um so >I had< a very poor relationship with ↑her unti:l, I was um >I'd started
 17 having my own ↑children< and there were about twenty years when we got
 18 along pretty ↑well (.) we seemed to talk on the same ↑level (.) and so she, then
 19 she began to sort of ↑decline, so I don't have this hu:::ge backlog of good

⁹ In the data excerpts, 'R' stands for Rebecca and 'I' the interviewer.

- 20 feeling for her or cosy relationship and yet I tr- (.) try to: (.) give her
 21 >everything she needs< which includes sort of cosy, kinds, of love, you know
 22 cuddling ↑her kissing ↑her telling that I love ↑her (.) it's not, I don't always
 23 completely feel it but I realize that's what she needs and for me: to (0.3) not
 24 give it to her (.) even (.) if I (1.5) °I'm sort of pissed off at her
 25 someti(h)me[(h)s°],=
 26 I: [alright]
 27 R: =I have to do it coz she is not who she was, when she was not a good ↑mother,
 28 (.) she is just a pathetic old person, who >can't do anything for herself,< and
 29 I'm the only person (.) who can give her the kind of love that she needs, (.) it's
 30 hard though some↑times
 31 I: mhm how do you know that she needs this ↑love
 32 R: ↑um (1.8) she is so happy when she gets ↓it, (.) a:nd because she wants me
 33 there all the time, because I do give her that kind of (love), you know >I'll get
 34 into bed with her, I watch television with her,< and she just loves it. she eats it
 35 up. so you know (.) I do it heh heh

The respondent orients to the interviewer's question as sensitive, as observed in what Silverman and Peräkylä (1990) call pre-delicate perturbations, that is the 1.8-second delay (line 9), hesitation, pauses and repairs (lines 10-11), as well as the discourse marker 'well' which, according to Bolden (2015) and Schegloff (2007b), tends to project a response which can be in some way problematic. Indeed, halfway through this turbulent turn delivery, Rebecca interjects a vague descriptor of the relationship with the mother—*peculiar*. All these features work to delay Rebecca's delivery of the delicate object at line 11, >*my mother wasn't a very*< *motherly person* which is hearably tantamount to 'my mother wasn't a very good mother'. Interestingly, the description is formulated with the use of 'litotes' which "describes the object to which it refers not directly, but through the negation of the opposite" (Bergman 1992: 148). The import of this discursive manoeuvre for managing delicacy is that it allows to continue interaction without directly specifying what one is talking about. Rebecca thus uses the phrasing *wasn't a very*< *motherly person*, instead of the possibly available, more direct, categorial formulation 'a bad mother'.

It is interesting to observe how gender emerges in the context of the interviewee's account. >*my mother wasn't a very*< *motherly person* functions as a category-resonant description which implicitly invokes the MCD gender. The attribute 'motherly' elliptically encapsulates and trades on a host of

known-in-common attributes which give a sense of inhabiting the category 'mother' (a *female* parent) (cf. Wowk 1984). It thereby provides a hearably gendered reading of the role-category which it invokes. The inference-richness of 'motherly' functions as a frame of reference within which to interpret the incumbent's actions. That is, disassociating one's parent with certain unspoken predicates conventionally linked to the category 'mother' puts her in a morally unfavourable light. Inferences from Rebecca's description allow us to select the category 'bad mother' from the MCD 'moral types of mother' (cf. Wowk 1984) which would adequately characterize the parent. The categorial formulation offered by the caregiver (line 11) is repaired by the interviewer with the understanding-checking token of [\uparrow w]asn't (line 13). His rising intonation constructs the interviewee's categorization as unexpected and surprising. It can be assumed that the interviewer, by appealing to his mundane reasoning whereby the role-category 'woman' and 'good mother' coalesce, treats Rebecca's categorization of her mother as puzzling and thus asks for confirmation. At line 14, Rebecca latches her assertive *she was* \downarrow *no:t*., which the interviewer accepts. She thereby stresses the disjuncture between her mother's actual conduct and the social norm of good motherhood. She uses the item 'so' at line 16 (*so* $>$ *I had* $<$ a very *poor* relationship with \uparrow *her*) which indicates that having a poor relationship with the mother was a direct consequence of the parent transgressing the norm of good motherhood.

At lines 19-20, Rebecca reiterates *so I don't have this hu:::ge backlog of good feeling for her or cosy relationship*, reinforcing the construction of the relationship with the mother as troubled. The demonstrative pronoun 'this', which prefaces her categorization hearably alludes to the recognizable known-in-common version of the mother-daughter relationship where 'a huge backlog of good feeling' (reinforced with vowel elongation) and 'a cosy relationship' are expected properties of this bond. However, in Rebecca's case, they are offered as noticeably absent features of the SRP 'mother-daughter'. This breach invokes morally dubious implications for the mother who, having failed to come up to certain unspoken category-bound expectations, is to blame for certain relational problems with her daughter.

At line 20, with the contrastive coordinator 'yet', the caregiver offers an account of their current role-relationship defined now by the SRP *caregiving daughter-dementia* mother. She constructs herself in charge of the relation and attuned to the mother's needs, which she amplifies with the extreme-case formulation 'everything she needs' (line 21). In particular, the carer considers

it her moral duty to give the mother *cosy kinds of love*. (line 21) which, as we have seen at lines 19-20, she herself did not receive. Its moral overtone is reinforced by the intonation and word stress pattern at line 21. Inasmuch as category-bound features can index categories which they are tied to, by taking over the predicates previously attached to the ‘mother’ category, the interviewee implicitly takes on this role and casts her own mother in the role of child who is in need of cosy love. In this way, a ‘simplistic’ notion of role-reversal (e.g., Peel 2017) is discursively furnished.¹⁰ The common knowledge component ‘you know’ (Stokoe 2012a) (line 21) constructs the MCD ‘cosy kinds of love’ (line 21) as recognisable part of commonsense knowledge. It is then unpacked by Rebecca’s elaboration of its category-bound activities in the form of a three-part list: *cuddling ↑her kissing ↑her telling that I love ↑her* (line 22). The three-part list denotes that individual instances stand for something more general (Jefferson 1990, Potter 1996). This sequence of other-oriented activities evokes an image of very intimate and affectionate bond which inferentially allows for their gendered reading, that is, a type of bond which women are most likely to nurture.¹¹ In this sense, ‘cosy kinds of love’ (line 21) and its category-bound activities emerge as tying devices which retrospectively reinforce the gender-infused meaning of the category ‘motherly person’ (line 11) and ‘cosy relationship’ (line 20), as well as sustain the working of the category ‘gender’ in the remainder of this account.

Lines 22-25 feature an act of role-distancing (Goffman 1961). Rebecca contrasts her socially less acceptable feelings towards her mother (*I don’t always completely feel it* [cosy love] and *I’m sort of pissed off at her somet(h)me[(h)s°]*) with her caregiving instinct and moral role-expectations of ‘caregiving daughter’ to provide ‘cosy kinds of love’ for the mother, *I realize that’s what she needs*. The latter’s breach may possibly evoke a sense

¹⁰ In their study of newspaper articles and interviews with female carers of relatives with dementia, Toepfer *et al.* (2014) found that a prevalent cultural discourse in which dementia caregiving is embedded is that of ‘child care’ and ‘the good mother’: “social expectations of a good mother serves as meaningful frames of reference for defining what the role of dementia carer entails” (2014: 242). According to them, the phenomenon of role reversal and infantilization by family carers “can rightly be conceived as a social strategy of symbolic coping” (2014: 244). For a detailed discussion on role-reversal in dementia see: Peel (2017); Riggs and Peel (2016); Toepfer *et al.* (2014).

¹¹ Mackenzie (2018) observes that affectively oriented interactional styles and affective behavior have been conventionally linked to the notion of femininity and ‘good’ motherhood in western contexts.

of guilt or negative self-assessment as implied by the abandoned formulation *for me: to (0.3) not give it to her*. Distancing from the role is also prosodically stressed in *it's not, I don't always completely feel it*. It is further discursively accomplished as morally delicate, as observed in the repair (line 22), numerous pauses (lines 23-24), unreciprocated laughter components (Jefferson 1984) (line 25) as well as the quietly delivered account of inner feelings mitigated with the token of 'sort of' (line 24).

Despite the prior and current non-normative experiences, the interviewee continues to get the current relationship with her mother back on normative tracks. The felt obligation to filial care provision (*I have to do it* (line 27)) stems from the recasting of the mother from *she was not a good ↑mother* (line 27) to *a pathetic old person, >who can't do anything for herself,<* (line 28). This re-categorisation implies moral reasoning whereby a parent's disease and the resulting disability constitute a critical situation where children should let go of past resentments and assume their category-bound duties. At lines 29-30, Rebecca constructs herself as a competent caregiving daughter who is the only person capable of providing the mother with the love she needs, although the turn increment *it's hard though some↑times* hints at certain relational difficulties. This self-categorization is highly moral and possibly gender-resonant when considering that the interviewee lives across the country whereas her two brothers live within commuting distance to the mother. Given the already referred to mother-child role-reversal as well as Rebecca's professed caring instinct at line 23 (*I realize that's what [cosy love] she nee:ds*), one can venture a claim that affection-oriented activities are more of her preserve as a daughter, and that her brothers do not perform them as they are not capable of fulfilling the mother's emotional needs.¹² The thread of Rebecca's being attuned to the mother's love needs (line 29) is picked on by the interviewer as in need of elaboration (line 31). Her competence of a caregiving daughter is evidenced in the account of the parent's thoroughly positive or even enthusiastic assessment of Rebecca's caregiving

¹² This interpretation tallies with the observations made by Toepfer *et al.* (2014), who delve into the symbolic representation of dementia care as child care and the good mother. They demonstrate how caregivers of relatives with dementia "regard themselves as possessing the very qualities of a mother. One such quality is the natural aptitude for caring. The special ability to sense and subsequently provide the care recipient with what he or she needs" is often referred to in order to "explain why they do not involve other people in the care provision for their relative" (2014: 242). As they observe, one potential reason leading caring daughters and wives to perceive themselves as possessing a natural ability to deal with relatives with dementia is mothering as a guide for making sense of the caregiving role (2014: 242).

(lines 32-35), discursively amplified with the intensifier (*so happy*) and extreme-case formulation (*all the time*). To further document it, the interviewee brings out the category ‘that kind of love’ (line 33), thereby alluding to the previous mention of the MCD ‘cosy kinds of love’. Its recognisability is again promoted by the commonsense component ‘you know’ (Stokoe 2012a) (line 33) and followed by two category-bound activities, ‘getting into bed with her’ and ‘watching television with her’, which testify to a close and continuing bond between the caregiving daughter and dementia mother despite their troubled relational past.

6.2. Sibling conflict and its resolution

In this section, we observe how parent care strained Rebecca’s ties with the brothers at the beginning of her caregiving career, with the MCD ‘gender’ being its crucial determinant. At line 1, the interviewer continues to pursue the impact of the topic of dementia on family dynamics, thereby sustaining the relevance of MCD ‘family’ for this spate of interview interaction.

(2) ‘they just assumed that I would take care of all this’

01 I: okay so how (.) does um Alzheimer’s disease impact on family ↑relationships

02 R: how ↑does

03 I: Alzheimer’s disease?=
 04 R: =↑oh, ↑well I it made me very ↓resentful of my brothers,

((68-second omission))

05 R: but my ↑brothers (.) heh heh y(h)ou know they they just assumed that I would
 06 take care of all this >even though they live in Oregon and I [live]=

07 I: [°why°]

08 R: =in New York< ↓right (.) so they >don’t live in Portland,< but they (.) live
 09 closer than I do.

10 I: mhm=

11 R: =and they just assumed that I didn’t mi:nd (.) losing, my (.) you know

12 >putting< my (.) job in jeopardy, (.) and neither of them £<ha:s a full time

13 ↑jo:b they> >anyway< I got >you know< you’re you’re the girl, they trust

14 ↓you:, you know, you are the one that they (.) you know, have this relationship
 15 ↓wi:th you know£ heh heh they didn't really step in and help. um (.) it
 16 didn't help my, (.) that what my older brother's wife, had um (.) had u:m had
 17 >hysterectomy at the same time that this was going on like that< I do grant it
 18 it was an £extenuating circumstance£ (.) but um for the first few ↑years um (.)
 19 I was just constantly flying back and forth, and (0.2) trying to deal with their
 20 finances, with the cheque writing, with the getting food for them, (.) try:ing to
 21 persuading them to move into an assisted living situation (.) or at least
 22 get home ↑ca:re um I mean it was like a nightmare. um they were both very
 23 stubborn and they thought that they were being ↑independent (.) but
 24 really they were depending on (.) ↓me yo(h)u kno(h)w

At line 4, Rebecca latches a *well*-prefaced account. The discourse marker 'well' typically precedes dispreferred or problematic material (Bolden 2015). Indeed, the interviewee briefly self-discloses a socially less preferred feeling of resentment towards her brothers. By bringing out the category 'brothers', she implicitly casts herself in the role of sister, that is the other part of the SRP brothers-sister within the MCD 'family'. The emotion-category 'resentment' is offered as incongruent with her understanding of the normative character of the SRP brothers-sisters. Not only can this be observed in how this disclosure is prefaced by the already referred to discourse marker 'well' (line 4), but also in the past simple verb form 'made' (line 4). The latter indicates that 'resentment' was not an ever-present feature of the sibling relationship but emerged in the context of caring for the mother with dementia.

Further disclosive talk, however, gets suspended when she volunteers details of the father's nasty road accident and the mother's stroke, the events which precipitated her active involvement in assisting the parents (not shown in the data excerpt). In doing so, she attempts to situate the felt resentment in her biographical flow.

At lines 5-6, Rebecca resumes the narrative and explicates that the reason for her socially less preferred attitude to the brothers is that *they just assumed that I would take care of all this*. In the light of no overt categorial evidence so far, we can only presume that the brothers could have appealed to the known-in-common gendering of family roles whereby women tend to be positioned as caregivers. They seem to have nominated Rebecca, the only female offspring, as a sole caregiver to their parents. Rebecca's use of the verb 'assume' and the 'just' token reinforce this interpretation of the brothers' reported reasoning. Accordingly, the linguistically non-gendered personal

pronouns 'I' and 'they' (line 5) are made relevantly interactionally gendered in that they separate the (female) interviewee and her brothers along gender lines. This can be traced back to the reference 'brothers' (line 5) to which the pronoun 'they' refer and with which the pronoun 'I' is contrasted. The pro-term phrase 'all this' hints at all possible spheres of dementia caregiving responsibility that were shouldered on Rebecca. The strength of the reported commonsense gendered moral order rests precisely on its alleged invisibility, that such a social arrangement is no news to the brothers. While, in the respondent's account, this tacit categorization is untroubled by the brothers, it triggers Rebecca's resistance in interview interaction. Her laughter at line 5 points to some trouble accepting the brothers' proffered categorization. The interviewer's non-reciprocity of the interviewee's laughter co-constructs her account as troubles talk (Jefferson 1984). As we can see at lines 5-13, Rebecca's resentment derives from the brothers' indifference to her life circumstances which would otherwise accountably excuse her from assuming new responsibilities (see Paoletti 2001: 293). It is thus surprising to see how, despite a greater geographical distance and a full-time job, or even the risk of losing it, according to the brothers, Rebecca was a taken-for-granted candidate for the caregiving role. The interviewer's quiet repair initiator 'why' (line 7) obscured by overlap orients to the account of the brother's categorization work as not shared, and thus signals his alignment with Rebecca. To reiterate, while for the brothers, the implied categorization of women as family caregivers is relayed by Rebecca as recognizable and normative, it is not so for the respondent and interviewer as shown in the nitty gritty of interaction-in-interview.

At lines 13-15, Rebecca directly quotes the brothers to provide a strong warrant of the factual accuracy of their account and spells out their hitherto tacit logic behind nominating her as a family caregiver. The role-category 'girl' (*you're the girl*) makes relevant the brothers' membership in the corresponding role-category 'boys' within the MCD 'gender'. In Rebecca's words, they displayed awareness of the differential distribution of rights and duties along gender lines, and accordingly distanced themselves from the caregiving responsibility. This gendering of care provision is accounted for with the description: *they* (parents) *trust* ↓*you*.; *you know*; *you are the one that they* (.) *you know*, *have this relationship* ↓*wi:th*. Interestingly, its ordinariness draws on the stereotypical (dominant) portrayal of women as more relational than men (e.g. Eagly and Johannesen-Schmidt 2001) and hence more suited to this filial obligation. The recognisability of these propositions

is reinforced by numerous tokens of ‘you know’ (lines 13-15). Rebecca again indirectly challenges her other-imposed role. Her laughter (line 15) and extensive use of smiley voice (lines 12-15) once again trouble the brothers’ commonsense reasoning and evidence her act of role distancing (Goffman 1961). She hearably orients to the gendering of care as non-sense and ludicrous, in particular given her life circumstances. For her, helping elderly parents should be an activity tied to the category ‘child’, not ‘*female* child’, and thus shared between siblings.

The gendered pattern of participation in family care is further pursued at lines 15 and 18-24. Rebecca makes the brothers’ uninvolvedness morally accountable and discursively qualifies it with the mitigating item ‘really’ in *they didn’t really step in and help* (line 15). It does not rule out that some form of help may have taken place, while simultaneously emphasizing that whatever assistance may have taken place, it was not enough to count.¹³ This utterance also serves to introduce ‘a morally organized contrast pair’ (Housley and Fitzgerald 2009) of ‘caring daughter’ and ‘uncaring sons’. The working of this device can further be observed in the activities Rebecca performed. The category-resonant description, *for the first few ↑years um (.) I was just constantly flying back and forth* (lines 18-19), projects her as distance family caregiver. Despite living across the country, she was the main person in charge of even the most mundane aspects of dementia care, like groceries. The following three-part list (Potter 1996) of typical activities populates her role-set of distance family caregiver and makes indirectly relevant the activity roles of financial manager (*trying to deal with their finances, with the cheque writing*), household manager (*with the getting food for them*) and co-decision-maker (*try:ing to persuading them to move into an assisted living situation (.) or at least to get a home ↑ca:re*). In particular, the last role is shown to have generated a significant amount of friction in Rebecca’s relationship with the parents and is negatively assessed with an extreme-case formulation (Pomerantz 1986), *it was like a nightmare*, which helps her to legitimize the claim of caregiver strain. Nevertheless, the hesitation (*um*) and mitigatory devices (*I mean; like*) mark this assessment as delicate (Peräkylä 1995; Silverman 1997) in that, it can potentially be heard as a complaint and imply a negative moral judgement of Rebecca. In order to inoculate herself against such charges, she describes the elderly parents as uncooperative (lines 22-24). A sense of situational irony is created here in

¹³ I owe this remark to an anonymous reviewer.

that, how the parents perceive themselves (as independent) is a direct opposite of how the interviewee sees them (as dependent on her). This contrast is rhetorically amplified with the use of ‘really’ (line 24), and the micropause preceding the stressed token of ‘me’ (line 24) foregrounds Rebecca as the victim of this burdensome and hopeless situation. In this context, it is possible to interpret the laughter particles on the recognition-seeking token ‘you know’ at line 24 as contributing to a sense of irony in the parents’ misconception of their self-sustainability. More importantly, however, they point to Rebecca’s difficulty in dealing with the parents. Since the laughter is not reciprocated by the interviewer, in line with Jefferson (1984), it is to be interpreted as a means to index the account underway as troubles talk. All in all, we can see how by narrating her lived experience of caregiver strain, Rebecca accounts for her grudge towards the brothers’ lack of support. Her reaction can thus be read within the moral categorial order of parent care as a shared filial responsibility.

The predicament finds its resolution in Fragment 3 (continuation of Fragment 2) where Rebecca’s brothers and in particular her sister-in-law finally offered help. This was prompted by a conversation with the siblings in which she communicated that she had reached her limit of endurance and asked them for help (discussed later in the interview). At that point, Rebecca had been through chemotherapy for a year, had had radiation and surgeries, which made her feel overwhelmed.

(3) ‘I have a partner in this’

- 25 b[ut e]ventually my older brother (.) really came around=
 26 I: [mhm]
 27 R: =and my little brother a little bit but my older brother and <his wife my
 28 sister-in-law um (2.0) she rea:lly (.) has helped out a lot> and and (.) I’m
 29 not that close to her she is a kind of prickly person but I <to:tally adore
 30 h(h)er> because she: has really changed the situation, like she comes down
 31 with my brother and, (.) but really she is the one who manages things, um
 32 (.) she writes out cheques, she collects the mail, she (.) she is managing the
 33 taxes this year (0.4) and she is ↑amazing .h
 34 I: mhm
 35 R: but that took several years (.) um and um (.) I am starting to relax, and think 36
 that I have a partner in this

Surprisingly, the brothers' contributions to caregiving remain unelaborated. This can potentially point to Rebecca's understanding of parental care as shared by children and hence this help is constructed as a matter of course. In contrast, the older brother wife's involvement is presented in detail (line 28-33). At lines 30-31, she is presented as what might be her husband's companion in visiting his mother (*she comes down with my brother*). However, the contrastive coordinator 'but' and the intensifier 'really' proffered by the interviewee at line 31 imply that it is the sister-in-law, not the older brother, who significantly relieves Rebecca. This assistance encompasses the activities (lines 31-33) which would typically be performed by the brother but have now been ceded to his wife. That is, while Rebecca's brother comes down with his wife and the onus is on him to manage the taxes, collect the mail or write out cheques, it is in fact his wife who does all of this. The sister-in-law's active contribution is positively assessed with intensifiers (*she reallyly* (.) *has helped out a lot* (line 28) and *she: has really changed the situation* (line 30)) and extreme-case formulations (Pomerantz 1986) (*I <to:tally adore h(h)er>* (lines 29-30)) and (*she is ↑amazing .h* (line 33)). These last two descriptions as well as the rising intonation of 'amazing' and the audible outbreath (line 33) are used by Rebecca to almost idealize the sister-in-law. In offering this description, she mobilizes "the gradable property of moral accountability of kin membership categories" (Paoletti 2007: 12) in relation to caring for an elderly relative whereby children are more morally bound to assist parents than children-in-law. As such, daughters and daughters-in-law can be considered positioned categories (involving a hierarchical relation) with respect to this obligation. Recognizing this cultural logic, Rebecca profusely appreciates the help she receives. In terms of role-relational work, Rebecca projects two somehow contradictory versions of the SRP sister-in-law—sister-in-law. On a personal level, she critically states, *I'm not that close to her she is a kind of prickly person* (lines 28-29). On an activity-based level, she praises her and says, *I have a partner in this* (line 36).

6.3. Being a caregiving daughter and a parent

The final extract features an inter-role conflict between caregiving and parental role-relationships. This tension is a consequence of Rebecca's being the so-called 'sandwich generation' (Schwartz 1979; cf. Brody 1981), that is,

a middle-aged woman who rears her children and assists an aging parent. Prior to Fragment 4, the interviewee discloses her determination to obey the mother's wish to reside at her own house, despite the problems she has to face as a transnational caregiver. She then hypothesizes that if given a choice, she would place her mother in a nursing home. In accounting for this decision, she lists its advantages and concludes that the mother would have a better life there than she now has at home. At lines 1-2, the interviewer probes Rebecca's moral reasoning behind her unswerving commitment. He recycles her categorization from an earlier part of the interview where the activity 'going against the mother's decision' and the category 'daughter' were offered as disjunctive. He thereby reuses the participant's categorization of herself and the mother in terms of the SRP 'mother-daughter', thereby making the MCD 'family' continually relevant in this spate of interaction.

(4) 'there's going to there's a shift of loyalty a little bit'

- 01 I: =okay so if you see so many advantages of nursing homes, (.) um why
 02 can't you go against your m[um's]=
 03 R: [I can't]
 04 I: =decision, ri[ght now]
 05 R: [because sh]e was so: explicit, she was so: clear. (.) and just
 06 the way I couldn't go against her last (.) end-of-life ↑wishes (0.3) which
 07 she made when she was still competent, (1.0) I ca:n't (0.6) knowingly (.)
 08 say I don't care what my mother wanted, this is what I think she should
 09 have.
 10 I: and later on you will be able to go against (.) her ↑wish
 11 R: I think ↓yeah there's a point, where there will be a tipping point kind of
 12 when (.) it became (0.5) too honourous >like right< now it's my time, and
 13 my you know ↑stress (.) but when it came down to spending money that
 14 I'm intending to leave to my ↑children, or for them to have (.) to deal with
 15 >[what]ever=
 16 I: [mhm]
 17 R: =happens to me,< I can-, I'm not going to deprive my chil- kids (.) you
 18 know there's going to, there's a shift of loyalty a little bit.=
 19 I: =mhm
 20 R: 'coz I um (.) I just (.) we would just be one we it's not it's not that it's
 21 ↑money it's not that's not >the critical thing but would be< >one more
 22 thing,< that would weigh in favour of (1.2) um (.) a (.) a facility< that

- 23 I: mhm
 24 R: had a physical structure that it was taken care of by somebody else(h)
 25 heh=
 26 I: =right
 27 R: or something terrible happened to deal with the apartment, if there was like
 28 a real catastrophic damage that's somehow (.) I would have to (.) to arrange
 29 to get fixed, (.) um at that point I m(h)ight mo(h)ve her to a(n)ursing
 30 home, it's just part of it is the infrastructure, it's like (.) I have to take care
 31 of the house, as well as my mother and to do that from like >°three
 32 thousand miles away twenty-five hundred miles away°< is (.) really ↑hard
 33 (0.8) ↓°so°
 34 (0.5)
 35 I: °mhm° so, (.) how often do you: >fly to ↑Portland<

By the time the interviewer has finished the question, Rebecca interrupts with very assertive *I can't* (line 3). The immediacy of this discursive maneuver evidences her appeal to the taken-for-granted accountability of family relations where children cannot flout parental decisions/wishes; not respecting one's parent's care preferences is a serious charge. She thereby projects herself in the role-category 'dutiful (good) daughter' from the MCD moral types of daughter (cf. Wovk 1984). Rebecca's moral commitment and determination to obey the mother's decision to receive home care is reinforced with the account of the parent's explicitness (*she was so: explicit, she was so: clear* (line 5)), strengthened with the elongated intensifiers 'so'. The moral overtone is also accentuated in how Rebecca rules out her own conscious intention to breach this decision, in particular when this was expressly communicated: *I ca:n't (0.6) knowingly (.) say I don't care what my mother wanted, this is what I think she should have*. This rhetorical effect is partially achieved by means of prosody: vowel elongation in *I ca:n't*, as well as the stressed tokens of 'knowingly', 'care' and 'I' (lines 7 and 8). The stressed first-person singular pronoun 'I' (line 8), which in this hypothetical scenario introduces her personal (opposite) opinion, hearably highlights the anomalous link between 'prioritizing one's own stance' and the category 'dutiful daughter'. The proffered epistemic formulations *she was so: explicit, she was so: clear* (line 5) and *I ca:n't (0.6) knowingly (.) say* (line 7) are highly relationship-implicative and work to position Rebecca as knowledgeable of the parent's care preferences. The referred to body of knowledge is to be heard as category-bound in that Rebecca has access to it as a consequence of being

a daughter and having a prior relation with the mother (see e.g. Raymond and Heritage 2006). These descriptions can thus function as category-resonant, thereby sustaining the working of the SRP 'daughter-parent'.

At line 10, the interviewer recycles a mentionable delivered by Rebecca earlier in the interview that at some point she will have to move the mother to a nursing home. At line 11, the interviewee displays certain delicacy in talking about this issue as evidenced by her mitigated agreement (*I think* ↓*yeah*) followed by repair and another mitigatory device (*kind of*). At this point, a broader perspective of familial role-relational dynamics takes the centre stage. The caregiving relationship is now contextualized against the interviewee's other kin relation whose conflicting expectations she must juggle. Apart from the already relevant relationship category 'daughter', Rebecca now also approaches interview interaction as a 'person in her own right' (*now it's my time, and my you know* ↑*stress* (lines 12-13)) and, more importantly, 'mother' to her own children (lines 13-18). She accounts for an undesirable caring solution to institutionalize the parent with dementia by projecting a morally accountable picture for herself as a responsible mother in relation to her own children within the SRP mother-children. Rebecca does not mind sacrificing herself as long as her children do not suffer. Money is spelled out as an important determinant to her continuing caring commitment. She launches a hypothetical scenario at lines 13-17 wherein she would have to fall back on the money she has saved for her children, and rules out this possibility. In making sense of this situation, she ties the activity of 'leaving money to one's children' to her incumbency in the category 'mother' in the MCD 'family' (line 13-14). Conversely, the activity 'depriving children (of money to care for a parent in the future)' (line 17) is disassociated with this category. The verb 'to deprive' presupposes here that children should normatively be provided with certain goods by their parents. Thus, taking away from one's children whatever they should have, for example money, is an anomalous activity. When attached to the category 'parent', it forms 'a disjunctive category-activity pair' (Stokoe 2003). Interestingly, by stating the purpose of her leaving money to the children, the interviewee also reinforces a filial obligation to provide parent care, *for them to have (.) to deal with* >[what]ever happens to me,< (lines 14-17). In balancing the irreconcilable expectations to her mother and children, Rebecca constructs these role-relations as positioned with the role of mother carrying greater moral accountability and taking priority over that of daughter. This categorization work is endorsed as commonsensical as observed in her use of the commonsense component 'you know' (Stokoe 2012a) in *you know*

(...) *there's a shift of loyalty a little bit* (lines 17-18). At line 19, the interviewer latches his minimal response, *mhm*. Its immaculate timing minimally corroborates Rebecca's formulation from line 18 as shared and recognizable. Rebecca's mitigatory token *a little bit* (line 18) conveys delicacy (see Peräkylä 1995; Silverman 1997) in deprioritizing the bond with the mother. This delicate relational object is also prefaced with interactional turbulences such as repairs (*I can-, I'm not going; my chil- kids* (line 17)) and the caregiver's refraining from putting the implied delicate item 'money' after the micro-pause (line 17).

In the remainder of this excerpt, Rebecca continues to design her turn to manage the secondary importance of the SRP mother-daughter as morally sensitive; notice the interactional perturbation on lines 20-21 (multiple false starts, micropauses and repetitions). In order not to be perceived by the interviewer as a materialist, she inoculates the account through a face-saving act in which she denies having a particular interest in money, *it's not that it's ↑money (...) that's not >the critical thing* (lines 20-21). Rebecca then nominates a candidate external factor (potential catastrophic damage to the mother's apartment) and her attendant role of household manager (*I would have to (.) to arrange to get fixed* (lines 28-29) which would speed up the termination of homecare. At this point, Rebecca brings to the fore the strain embedded in the role-set of family caregiver, that is, enacting the mother-oriented caregiving role and being a household manager (lines 30-31), each of which implies different responsibilities and tasks. This predicament is accounted for with the category-resonant description (*to do that from like >°three thousand miles away twenty-five hundred miles away°<* (lines 31-32)), which reiterates Rebecca's role of distance family caregiver (see Extract 2). It is this aspect of geographical distance that adds to the caregiver role strain, discursively manifested with the stressed evaluative item of *really ↑hard*. The micropause inserted at line 32 rhetorically reinforces Rebecca's felt burden. The interviewer then pursues another aspect of distance family caregiving, indicating that the hitherto categorization work is transparent, thus there is no need for further elaboration.

7. Conclusions

The above analysis has revealed the dynamics of dementia-affected role-relational work offered by a family caregiver in the course of an interview.

The application of the methodological apparatus of CA and MCA to the ethnomethodologically respecified 'role' concept (Halkowski 1990; Hilbert 1981) allowed me to unpack the situatedness of role-in-action as well as to capture how—amid ongoing interaction—participants reflexively orient to, deploy, sustain, negotiate, resist or contest the (situated) meanings of established categories concerning family-related role-relationships. The emergent meanings are thus not offered unilaterally, but are co-constructed on a turn-by-turn basis by both interacting parties (i.e., the interviewer and interviewee). The framework also allowed me to analytically problematize the procedural and culture-methodic character of role-relational enactment in discourse. Central to this process were certain propositions and assumptions pertaining to the MCD 'family and 'gender' which underpin intricate role-relational trajectories in the experience of being a family caregiver to a person with dementia.

The analysis demonstrated that the categories of family and gender emerged as important features of context and were invoked by the interlocutors explicitly (through person reference terms drawn from the MCD 'family'; linguistically gendered terms; mentions of specific variants of the category 'woman') or implicitly (with category-resonant descriptions and personal pronouns with interactionally acquired family- and gender-saturated meanings). Interestingly, while family was either brought out by the interviewer as a function of his research objectives or taken over from the interviewee's preceding account, gender was mainly volunteered by the caregiver in the analyzed fragments.

The applied methods of MCA offered sensitive tools to uncover how commonsense role-relationship categories can be interpreted and assembled though producing category-bound activities and predicates or through formulating disjunctive category-activity pairs and missing activities. For example, the activity of caring was demonstrated to be conversationally constructed as part of the interviewee's identity work and a moral duty bound to the MCD 'family' and 'gender', although with gradable properties. The commonplace of this categorization was also the basis of the female interviewee's felt burden and tensions with the brothers. While the participant's accounting work generally supports the established social norms, an attempt was made by her to subtly subvert the gendered moral order by proposing parent care as a filial responsibility.

The role-relationship categories and categorization work produced by Rebecca revealed the multiplicity of relations that a caregiving relative has to

navigate. The interviewee characterized them in terms of SRP whose members have duties and moral obligations to each other related to giving care, cosy love, support and respect. In interview interaction, Rebecca is cast or casts herself in the role-sets of daughter to her mother with dementia and/or disabled parents, sister in relation to her brothers, sister-in-law to her sister-in-law and a mother to her own children. Importantly, she also implicitly reconfigures the tie with her care-needing mother in terms of role reversal. What is worth emphasizing is that these role-relationships do not operate in isolation, rather a caregiving dyad (i.e., a relative with dementia and family carer) is contextualized in a broader nexus of historical, contemporaneous or hypothetical perspectives of various kinship ties, each of which invokes distinct, sometimes competing, expectations, responsibilities and loyalties. This can lead to a potential conflict between one's social roles such that a decision must be made "whether one is an adult child to one's parents first or a parent to one's children before all" (Gubrium 1988: 204). The analysis revealed how Rebecca's own roles as a child and parent are discursively constructed as positioned relationship-categories, with a hierarchical order existing between them, in that the latter takes priority over the former. Interestingly, as regards her bond with the mother, despite certain less typical predicates attached to this SRP, the interviewee attempted to orient it to the commonsense norm by acknowledging her special position in relation to the mother within the family network, being morally attuned to her needs and wishes, and displaying her caregiving competence. Rebecca's attempts at preserving the mother-daughter bond, for instance through the reversal of roles, in times of a disruptive illness testifies to the importance of this relation and the power of the commonsense logic about what family (female) caregivers should be like in dementia. In this way, the mother-daughter connection can continue to operate, albeit in a reconfigured form. In addition, the interviewee displayed delicacy in managing morally less preferred relational aspects such as disclosing resentment towards her siblings, having a poor relationship with the mother or being occasionally annoyed with her, or discussing financial issues. This was discursively encoded in pre-delicate perturbations, litotes, various mitigatory tokens and prosodic features (intonation contours, vowel elongation or stressed lexical items).

Bearing in mind the context-embeddedness of interview accounts, the analyzed interaction provided me only with a preliminary lay insight into what might be happening outside the interview context. This could be verified by an ethnographic study of the social organization of caring for a fami-

ly member with dementia (e.g. Purves 2011). Such studies could contribute a deeper and more holistic picture of self-other relations. Future research should also be directed at examining roles and relationships not as static pre-existing attributes but as emergent and locally negotiated in interaction where social actors weave together multiple meaningful perspectives of social ties to make sense of their eldercare experience. Discourse analytic studies can thus illuminate people's interpretative dynamics as well as lived experiences and idiosyncratic social arrangements. The knowledge of how individuals *understand* their realities and self-other relationships affected by a relative's neurodegenerative disease is crucial if service providers are to tailor effective interventions for families.

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Appendix: Transcription symbols (Jefferson 2004)

<i>Symbol</i>	<i>Use</i>
[]	Square brackets indicate the start and end points of overlapping speech.
=	Equal signs indicate ‘latching’ stretch of talk, i.e., no break or discernable gap between the utterances.
(1.0)	A number in parentheses indicates the time, in seconds, of a pause in speech.
(.)	A ‘micropause’, i.e., a pause of less than one tenth of a second is indicated by a dot in parenthesis.
ba:d	A colon indicates prolongation of the immediately preceding sound.
.hhh	H’s preceded by a dot indicate audible inward breathing.
hhh	H’s with no preceding dot indicate outward breathing.
<u>bad</u>	Underscoring indicates some sort of stress or emphasis
BAD	Capitals indicate hearably greater loudness than the surrounding talk.
°bad°	Degree signs indicate that the material between them is quieter than the surrounding talk.
<bad>	Outward arrows indicate slower speech.
>bad<	Inward arrows indicate faster speech.
-	A dash indicates a cut-off.
£bad£	The pound-sterling sign indicates smiley voice.
ba(h)d	Parenthesized ‘h’ indicates plosiveness (or perhaps “laughter” or “crying”).
, . ?	Punctuation marks indicate ‘the usual intonation’. The comma sign denotes a falling intonation, the period a terminal intonation, and the interrogation mark a rising intonation.
↑ ↓	Rising and falling pitch or intonation. They are used for notable changes in pitch beyond those represented by stops, commas and question marks.
heh	Laughter syllable
((sniffs))	Double parentheses indicate a transcriber’s description.